

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53152

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	4					
5	0					
6						
7						
8						
9						
10						
11	①					
12						
13						
14	④					
15	1					
16	1					
17	2					
18	4					
19	⑦					
20	⑥					
21	⑤					
22	①					
23	①					
24	①					
25	①					
26	②					
27	⑥					
28	⑧					
29	⑨					
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49						
50						
TOTAL IND.	2		↓		↓	
TOTAL DEP.	30	←	←	←	←	↓
TOTAL CLAIMS	32					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	↓
TOTAL CLAIMS						